I had not made a telephone call to the South African Pharmacy Council (SAPC) for several years, but recently I did so and encountered the vaunted call centre. I listened to a series of messages for nearly five minutes before I was told that due to the high volume of calls I should please wait for the next available call centre agent, and that I was number thirty in line. I promptly hung up. What incensed me about that extraordinary lengthy greeting was that my time was being wasted listening to the Council’s various messages and in particular the one about its 2nd Pharmacy Conference, and this on a line used by members of the public as well. I was locked into this monologue which included thanking the Council’s Diamond sponsor, Aspen Pharmacare for making the 2016 Conference and the Pioneer awards possible.

Back in 2013 when I heard about the Council’s plan to have its 1st National Pharmacy Conference, I was confused and many questions passed through my mind. I did not pursue the matter at that time due to plans that took me out the country. But now this call centre message sparked my interest.

There is an overview on the SAPC’s website stating that the Council is created for the profession by the profession and that it is an independent statutory body which receives no grants or subsidies from the government or any other source, but is wholly funded by the registered members of the profession. So why should such a body find it necessary to plan a pharmacy conference and, what’s more, have it sponsored by pharmaceutical companies?

The Pharmaceutical Society of South Africa (PSSA), although it has approximately 7000 members, which is about half of the number of registered pharmacists in the country (the current SAPC statistics reflect 14 031 pharmacists) is recognised as the voluntary body representing pharmacists in South Africa. One of its functions is to take up the cudgels on behalf of pharmacists when problems arise. It represents pharmacists in South Africa. One of its functions is to take up the cudgels on behalf of pharmacists when problems arise. It represents pharmacists in South Africa. One of its functions is to take up the cudgels on behalf of pharmacists when problems arise. It serves as the voice of the pharmacy fraternity on the register) were present and were manning the Council’s exhibition stand.

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So am I the only pharmacist who is astounded at the thought of a regulatory body accepting sponsorships from pharmaceutical companies and brazenly advertising Aspen Pharmacare as its Diamond sponsor? Why do the words “conflict of interest” come to mind? I have perused the Pharmacy Act 1974 (Act No, 53 of 1974) and under the section which describes the general powers of the council I found this last line which reads “generally to do all such things as the council deems necessary or expedient to achieve the objects of this Act”. Would this really cover the arranging of a conference at an expensive venue, with participants paying R3 450 for early bird registration and R4 450 after 31 August, 2016? This already excludes the pharmacists working at the coalface who would have to pay for a locum as well.

I have taken the time to read available information regarding the first conference that I found on the SAPC website, but it comprised only the programme and not the content of the presentations. There were some really glittering social events and even a day’s golf. At least nine of the Council’s complement of 72 staff members (salaries funded by the pharmacy fraternity on the register) were present and were manning the Council’s exhibition stand.

A brief reminder of the history of the SAPC in relation to the PSSA is warranted. I gleaned these facts from “A History of Organised Pharmacy in South Africa 1885-1950” by Mike Ryan.

In South Africa, Pharmaceutical Societies existed before any Pharmacy Board or Council ever did. Back in the early 1800s a Medical Committee, originally called a Supreme Medical Committee, and later named the Colonial Medical Committee, was responsible for public health in the Cape Colony. It also controlled the activities of apothecaries and doctors.

The South African Pharmaceutical Association was formed by a handful of pharmacists in 1885 in the Eastern Cape. This was followed by the formation of the Cape Pharmaceutical Society in 1887 in Cape Town. Through the efforts of, and input provided by, these organisations a separate regulatory body for pharmacy was established in 1891 when the first Medical, Dental and Pharmacy Act was passed. The Transvaal Pharmaceutical Society similarly gave input when the Pharmacy Act of 1904 gave rise to the Transvaal Pharmacy Board.

When the Union of South Africa was formed in 1910 a Pharmacy Board existed in each of the four provinces and the road to the formation of the South African Pharmacy Board was a rocky one. After ten years the Medical, Dental and Pharmacy Act was passed in 1928. Meanwhile the provincial Pharmaceutical Societies were planning to form a national body, and ultimately a draft constitution was completed in August 1944. In March 1946 the first AGM of the Pharmaceutical Society of South Africa was held in Johannesburg.

So there we have it in a nutshell. Historically pharmacists in this country created professional bodies (pharmaceutical societies) to enable pharmacists to speak with one voice and form a united front
to protect their interests and, in turn, to establish a statutory body to regulate the practice of pharmacy.

Has the PSSA been hoist by its own petard? Now we have the regulatory body planning conferences and the future of pharmacy.

It is no secret that the pharmacy profession is a fragmented one. It seems that when problems arise in the profession, the PSSA is accused of not doing enough and the solution is to form a new organization. It is very unfortunate that the PSSA does not have the support of all pharmacists. I wonder if non-members realise they are free-loading on the achievements of the PSSA?

Could it be that the SAPC is in effect taking advantage of this fragmentation, and is exploiting the situation by holding these pharmacy conferences and inviting the *glitterati* of pharmacy? I never thought the day would come when the Pharmacy Council would push the PSSA aside, snatch sponsors from under its nose and perhaps eventually succeed in making the PSSA redundant. This is so ironic considering the history.

What will be exploited next? Already the Department of Health has flexed its muscles regarding the training of pharmacists. Students who have finalised their academic years at university need to do a year’s internship. Judging by comments in social media sites, finding an internship is becoming difficult and in March of this year there are still students seeking internships. This has a serious ripple effect on their careers. They cannot be registered as a practising pharmacist until they have completed a year’s community service in a government hospital. Dispensing fees are controlled by the Department of Health. What impact will the proposed NHI have on pharmacy? There are medicines in short supply – could this possibly be due to a centralised tender system and inefficient provincial distribution systems?

Pharmacists and pharmacy students need to seriously contemplate what is happening in their profession and realise that it is time to discard the apathetic, selfish attitude pervading this profession. If they don’t, events may overtake pharmacy and members of the profession may no longer have any opportunity to shape its future.

Lorraine Osman describes the present situation very eloquently in her Editorial Comment in the January/February 2016 South African Pharmacy Journal Vol 83 No 1.

Section 3 of the Pharmacy Act 1974 (Act No. 53 of 1974) lists the Objects of council, and 3(b) reads *“to advise the Minister or any other person on any matter relating to pharmacy”*. Who is advising the Council? Is the tail wagging the dog?